

Exhibit

33

Comerica**Business and Personal Master Signature Card**

RECEIVED FEB 13 2007

All Accounts under this Master Signature Card shall be captioned on Bank's records as:

Account Registration/Legal Title of Account Owner Teodoro Nguema ObiangTaxpayer Identification Number (TIN) 609926299Street Address for all Accounts (Do Not Use P.O. Box): 3620 Sweetwater Mesa Road Malibu CA 90265Mailing Address 9141 Mtn View Management, [REDACTED] San Diego, CA 92122Telephone Number: (310) 317-9737

Fax Number: _____

Date First Account Opened: 5-6-07

NOTICE: Every signer of this document and every Authorized Signer must provide identification acceptable to Comerica Bank ("Bank") including photographic identification if requested.

By signing below you agree:

1. That you have received and agree to the terms of the Comerica Business and Personal Deposit Account Contract and applicable fee disclosures for the Accounts and, if applicable, an APY disclosure ("Deposit Account Contract").
2. That Bank may share information it has about you and your Accounts, as disclosed in the Deposit Account Contract and as required by law.
3. Except as stated below, this Master Signature Card shall be applicable to all Accounts opened on and after the day indicated in this document as the Date First Account Opened. Any one (1) of the Authorized Signers whose Authorized Signature is shown in this document, may transfer or withdraw funds in any Account that is subject to this Master Signature Card and such transaction shall be deemed authorized by you.

Changes to Authorized Signers

Any request to add Authorized Signers to this Master Signature Card must be submitted on a Declaration of Change to Add Authorized Signer(s) form which may be obtained from Bank.

Any request to remove one or more of the existing Authorized Signers shall be sent in writing to Bank. Such request shall be in a form acceptable to Bank and include the name of each Authorized Signer to be removed. Such requests shall be signed by one remaining Authorized Signer and one other officer/authorized agent of the Account Owner.

Any request to add or remove an Authorized Signer shall not be effective against Bank until Bank has had a reasonable time to act on such request which shall not be less than two full Business Days after Bank's actual receipt of the request.

Accounts not subject to this Master Signature Card

In the event that you do not intend this Master Signature Card to apply to an Account, such intent must be specifically stated on a separate Signature Card for each such Account. A separate Signature Card must be completed by the Customer and accepted by Bank before it shall be effective.

4. There are no oral agreements or other written agreements between us regarding the Accounts.
5. **TO WAIVE ANY RIGHT YOU MAY HAVE TO A JURY TRIAL INVOLVING ANY DISPUTE REGARDING ANY OF YOUR DEPOSIT ACCOUNTS AND RELATED SERVICES.**
6. This Master Signature Card is incorporated in and is a part of the Deposit Account Contract.

Account Owner Teodoro Nguema ObiangBy: [Signature]
Duty Appointed Officer/AgentDate: 03-06-07

Title: _____

CA03175 (03/03)

1

CMA 000001



AML Risk Assessment Individual Form:

Private Banking

Customer Identification			
Individuals Name: <u>Teodoro Nguema Obiang</u>			
Primary Address (Non Military P.O. Box not acceptable)			
<u>3620 Sweetwater Mesa Road</u>	<u>Malibu</u>	<u>CA</u>	<u>90265</u>
Street Address	City	State/Province	Postal Code
<u>USA</u>			
Country			
SSN / TIN: <u>6299</u>		W-8 (If Not U.S.): <u></u>	
Identity of person opening account if applicable: <input checked="" type="checkbox"/> See Attached Document			
Name: <u></u>			
Drivers License Number: <u>D4989065</u>	State Issued: <u>CA</u>	Issued On: <u>09/14/06</u>	Expired On: <u>06/26/2011</u>
Passport: <u></u>	Country Issued: <u></u>	Issued On: <u></u>	Expired On: <u></u>
If Other, explain: <u></u>			

List the individuals that are authorized to act on behalf of, or are beneficial owners of client:

☐ See Attached DocumentAnn Morse, POA

* Customers Country of Citizenship:	<u>Guinea ED</u>
* Is Country (of citizenship) on High Risk List? **	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
** List may be accessed by double clicking on the icon to the right	
* If Non-US, then does customer have deposits aggregating \$1MM or greater?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Customers Employer:	<u>Not Employed</u>
Customers Title:	<u>Not Employed</u>
* Have any of the individuals above ever performed important public functions for a foreign state (PEP)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
* Are any individuals above closely associated with person(s) who perform important public functions for a foreign state (PEP)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
If the answer to either PEP question is "Yes", contact the AML Compliance OFAC/PEP Officer.	

* Have you personally met with client or related business manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	* If "Yes" indicate date of most recent meeting <u>02/22/07</u>
* If "Yes" indicate individual and their title:		<u>Ann Morse</u>

Primary City & State where this account will conduct business, if U.S: Bank Account Number(s): 1894004249 ☐ See AttachedLoan Account Number(s): ☐ See Attached

v 1.85

CMA 0000025

Private Banking

* TM Connect Web?	<input type="text"/>	* TM Connect Desktop?	<input type="text"/>
* TM Connect File Transfer?	Wire or ACH Capability <input type="text"/>	* Comerica Intellect?	<input type="text"/>
* Any other non TM ACH products?	No <input type="text"/>	* CompCard (Prepaid Cards)?	No <input type="text"/>
		* Cash Vault Services?	No <input type="text"/>

Term Loan?

If a Line of Credit/Revolver, what is the anticipated average annual outstanding?

* Source of Initial Deposit:

<input type="checkbox"/> Cash	<input type="checkbox"/> Wire	<input checked="" type="checkbox"/> Check	<input type="checkbox"/> ACH	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
-------------------------------	-------------------------------	---	------------------------------	--------------------------------	------------------------------

If "Other" please explain _____

* Source of Future Funding:

<input type="checkbox"/> Future Funding	<input type="checkbox"/> Loan	<input type="checkbox"/> Business Operation	<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Investment	<input checked="" type="checkbox"/> Other
---	-------------------------------	---	---------------------------------------	-------------------------------------	---

If "Other" please explain Family Inheritance, Sale of Automobiles, works with Peterson Museum trading expensive & Custom Automobiles

* Is there expected cash activity in this account > \$10,000 a month? ☐ No ☒

If "Yes", please note the anticipated monthly activity in this account: _____

Is there expected wire activity either through TM Services or the Wire Room? ☐ Yes ☒

* If "Yes", please note the anticipated monthly volume in this account: 0-24

If "Yes", please note the anticipated monthly activity in this account: \$25,000 - 50,000

Is there regular funds movement to/from foreign countries? ☐ Yes ☒

If "Yes", please specify country (France, Spain or England)

* If "Yes", does country exist on the Comerica AML High Risk Country list? ** ☐ No ☒

**** List may be accessed by double clicking on the icon to the right**

[Notes Link](#)

CLIENT RISK RATING Low Risk 0 to 49 Medium Risk 50 to 99 High Risk 100 or Above

130 High

By signing below, you certify that to the best of your knowledge the above information is accurate and complete.

Assistant's Name:

Mail Code: 4691

Relationship Manager Print Name: Noemy Gonzalez

Phone: 310-712-6747

Relationship Manager's Signature:

Date: 3/4/08

Group Manager's Signature:

Date: 3/6/10

* Required for High Risk Rated customers only

Forward copy of completed form to mail code ECIS 2133

v 1.85

CMÄ 0000026



New Account Information Sheet For Business/Personal

Account Name:

Teodoro Nguema Obiang

Source of Initial Deposit:

Type: Personal check From: Pacific Amount: 56693.93
(wire, personal check, etc.): Mercantile bank to close

Description:

(from employment, loan drawdown, recent sale of securities, real estate, etc.)

Purpose of Account: to Manage personal expenses & household
staff in private residence, Malibu by ARM Business
Management

Expected Monthly Account Activity:

Average Balance: \$ 200,000Expected Cash Activity >\$10,000.00 a month? Yes ☐ No ☒

If "YES", please note the anticipated month volume in the account: _____

Expected wire activity in the account? Yes ☒ No ☐If "YES", please note the anticipated monthly volume in this account: 200,000If "YES", please note the anticipated monthly activity in the account: 200,000Is there a regular funds movement to/from foreign country? Yes ☒ No ☐

Describe any unusual expected amount activity (e.g. large volumes, foreign transfers, etc.):

50,000 per week from France, Spain or England
from private funds received by inheritanceSource of Customer Income/Wealth: _____ From his/hers business/occupation ☒ Other ☐

(Describe and explain relevant information, such as employment history/type of business, source of inheritance, sales of assets, etc.)

family inheritance, sale of automobiles, works
with Peterson Museum trading expenses & custom
automobiles

Current Bank:

Pacific Mercantile Bank

Contact: Ann Morse 310 241.1360

CMA 0000027